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▶ To cite this version:

Maria Ntoumani, Helen Soultanakis, Eric Rivas, Benoit Dugué, Adam Potter, et al.. An integrated thermal sensation scale for estimating thermal strain in water. Medical Hypotheses, 2024, 187, pp.111342. 10.1016/j.mehy.2024.111342. hal-04555039

HAL Id: hal-04555039

https://hal.science/hal-04555039

Submitted on 22 Apr 2024

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1 An integrated thermal sensation scale for estimating thermal strain in water

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- 22 Acceptable definitions of thermal sensation for cold and hot water immersion do not
- exist. The use of subjective thermal sensation scales remains unsolved with broad
- 24 psycho-physiological, and semantic implications. We hypothesize that perception of
- 25 thermal sensation could be a valid and reliable indicator for thermal strain during
- 26 exposure in water. We aimed to provide a theoretical background for behavioral
- 27 thermoregulation and neurocognition to support an integrated thermal sensation scale
- 28 for estimation of thermal load during head-out water immersion. This research used a
- 29 mixed methods approach. Domains were identified and items were measured for
- 30 thermal load to examine the content validity. Thereafter, we formed an integrated scale
- 31 based on standard 10551 of International Organization for Standardization (ISO).
- Finally, we conducted a pilot study for the face validation of the scale based on a 30
- min head-out water immersion at 26°C in healthy adults (females, n=4; males, n=4; age:
- 34 22.6 \pm 8.0 years; body mass, 67.7 \pm 9.5 kg; height, 169.0 \pm 5.6 cm). We identified three
- aspects (environment, physiological and behavioral thermoregulation) and a total of 18
- items, of whom eight items (water temperature, immersion duration, core temperature,
- 37 skin temperature, body heat storage, shivering, thermal sensation, and thermal comfort)
- were acceptable based on terms of scale-level content validity index (S-CVI = 92%).
- 39 Conditions incorporated into our scale included: icy <12°C, cold 12-24°C, cool 24-
- 40 29°C, neutral 29-38°C, warm 38-43°C, and hot >43°C. We found excellent face validity

- 41 based on a reported homogenous cool feeling and physiological thermoregulatory
- 42 responses. Our study revealed our model could reasonably characterize body thermal
- load though whole-body thermal sensation based on well-established thermoregulatory
- 44 mechanisms during water immersion. Further research is needed to validate the
- 45 accuracy of our behavioral model in a variety of water temperatures and in a larger
- sample size.
- 47 **Keywords**: whole-body water immersion, thermoregulation, thermal sensation, scale
- 48 calibration

Background

Acceptable definitions of cold and hot water thermal sensation are not available. Prior work has not conclusively determined if thermal sensation can be used as a reliable indicator for estimating thermal strain during water exposure [1–4]. This problem is multidimensional, because of the difficulty in understanding the perceptual meaning of sensation, the variety of thermal scales and the difficulty in finding objective criteria that could separate physiological responses from cognitive interpretation (Auliciems, 1981; Chatonnet & Cabanac, 1965; Lee et al., 2009; Schweiker et al., 2017). Metabolic heat production and body heat gain or loss are important for modulating behavior that motivates individuals to exit unbearable aquatic environments and could play a significant role for understanding a novel thermal perception model specifically while in water [2,9,10]. However, considering the challenges that affect the validity and reliability of subjective scales, such as type of scales (visual analog, categorical, numerical), number of categories, verbal descriptors, and leading question are important to understand [7,8,11,12].

Thermal perception is expressed as the conscious state of how a person perceives the external environment (i.e., sensation) influenced by skin and internal body temperature and discriminates into cognitive-emotional experience (i.e., pleasantness, comfort) and sensory experience (thermal sensation)(Fig. 1). Moreover, during water immersion skin temperature contributes around 40% and core temperature around 60% for whole-body temperature sensation. This ratio differs slightly in ambient conditions for comfort, as both core and skin temperature contributes equally [13,14]. Also, participants may be affected unconsciously by body heat storage that is reflected in thermoeffector output (e.g., core and shell temperature) to vote their temperature sensation [2,15]. Additionally, the pleasantness rating could provide useful information about an individual's thermal alliesthesial status (e.g., normothermia, hyperthermia, hypothermia) throughout the duration of water immersion [16].

Verbal anchoring phenomenon is often overlooked by many researchers, in which thermal choice was affected by the type of scale, numerals, and experimental conditions [1,3,8,17–24]. A typical verbal category universalizes the relationship among a width of sensory stimulus with physical (water temperature) or physiological parameters (e.g., body heat production, skin temperature), only when the thermoregulatory theorems are fulfilled [25] However, scaling for thermal sensation

remains an unresolved case with mathematical and semantic aspects significantly interplayed [8,11,19,24,26].

Alternatively, in psychometry, scaling of senses has been approached in a lot of ways depending on research aims [25,27]. In particular, according to the fractionation method, the fundamental infrastructure of a psychophysical scale, such as the inclusion of the midpoint and the number of points, was shaped with practicality and a satisfactory geometric or metric representation of the subjective feeling related to concrete range of thermal stimulus [25,28]. The main thrust of this scientific thinking, which was pursued by Lundgren et al. (2014), Glickman-Weiss et al. (1994), McIntyre (1976), and Rohles (2007), lined up to statistical procedures (e.g., Pearson correlation, ANOVA) with the aim of exhibiting a good fit to their thermal data. However, the above authors characterized intuitively each thermal anchoring, thereby underestimating the fallible nature of an abstract subjective measurement tool, such as visual analogue scales [1,20], and value of linguistic assessment information [18,21,22,25,29].

The axiomatization method highlights general fundamentals like that of human thermoregulation as followed in our research focused on the satisfaction of specific discrete measured properties, such as body heat storage, body temperature, and thermal perception [2,25,30]. With reference to the calibration of the ASHRAE and Bedford scales, selection of seven points was not set intuitively as occurred with language editing [9,22,25]. Indeed, the number seven stemmed from Miller's empirical observations about the absolute judgement of equal-spaced auditory signals about 15dB [25,27]. Nevertheless, the seven-categories conversion from pitch to thermal feeling arose from a scientific concept dated back to the 1950s, in which nerve cells decode and analyze all kind of senses (e.g., smell, sight, taste, temperature) exactly alike. Therefore, it was speculated that thermal sensation distributes equally at the same rate among operative temperatures [25,31]. Though, newer evidence contradicts the equidistance of the ASHRAE scale [8,32–34], probably due to uneven activation of the threshold thermoreceptors.

In general, thermosensing has a strong molecular basis, as it is recognized through transient receptor potential ion channels (TRPs) located on the surface of nerve cells. In general, the TRPs are listed according to temperature threshold activation in response to cold and warm [35]. The cold TRPs are TRPM8 (12-28°C), TRPC5 (24-37°C) and TRPA1 (<18°C) [36–40], and the warm TRPs are TRPV3 (30-37°C), TRPV4 (28-42°C), TRPM3 (30-35°C), TRPM2 (38-42°C), and TRPV1 (>43°C) [37,39,41–45].

Activation of these TRP ion channels can be derived from temperature, pH, and chemicals (e.g., CO₂, H₂S, H₂O₂, common elements contained in thermal springs) [46,47].

During water immersion, it is advantageous to be able to assess an individual's thermal status during water immersion, in an efficient and non-invasive way to address health risk situations (e.g., accelerated hypothermia or hyperthermia) [21,48]. In the event of recovering a conscious victim from a rescue that can communicate, where time is limited and no access to heat evaluation equipment is available, it would be a useful tool to estimate thermal load via a thermal sensation scale [21]. However, if these subjective scales have many points of selection accompanying with metonym descriptors in situations of emergency, victims may not easily respond to them.

The purpose of this study is to provide a theoretical background for temperature regulation to develop an integrated thermal sensation scale, which would combine body, water, and environmental temperatures for the assessment of thermal status during water exposure in humans.

Hypothesis

Given the suggestive evidence of the fundamental laws of thermodynamics between body and environments, we hypothesize that thermal perception and thermal strain assessment could be validated and serve as reliable indicators, not only in terrestrial but also in aquatic environments [2,9]. This hypothesis is based on insights from a previous scoping review that found an association between basic thermal descriptors for temperature sensation and physiological thermoregulatory responses (e.g., body heat storage) during water immersion, in which they are triggered as a causal reaction of the activation of a range of TRPs' thermal thresholds, whose mechanism remains poorly understood [2]. To date, few studies have examined thermosensation in aquatic activities; while no attention has been given on the type of scale visual analog versus categorical scale, semiotic status of the lexemes upon each scale and their hermeneutics from the view of the participants and the external observers. We maintain our reservations about whether thermal sensation scales measure only thermal sensation, and not also thermal guessing [2]. Concerning number points and linguistic dimensions in a categorical scale, we believe that more than seven thermal categories and adjectival prepositions (e.g., slightly cool/warm) may confuse participants' choice affecting the validity of the mental experience evidencing thermal guessing and not thermal

sensation. The former is a similar but longer neurocognitive process that shares a common neural network with the evaluation of temperature feeling [2,12,49,50]. Developing an integrated thermal sensation scale for water exposures may have practical application in real-world settings for spa workers, swimming coaches, lifeguards, if and only if, basic verbal descriptors upon the subjective scale reflect concrete thermal sensory experience while also accompanying discriminative biological patterns. In this case, we will select the temperature vocabulary for our scale according to the principle of discreteness and cross-linguistic after identifying the most common everyday linguistic elements for human temperature sensation [2,7,50] with the aim of being easily understood. So, this study provides a psychophysiological integration theory for real-time monitoring of thermal load in water via a simplistic approach that includes concrete perceptive words for thermal sensation and comfort evaluation.

Evaluation of Hypothesis

following a mixed methods approach that is separated into three phases. In the first phase we identified domains and items and examined their content validity for approximation of thermal strain for water exposure. In the second phase, we formed the integrated scale based on the ISO 10551 standard presenting the physiology of whole-body water immersion. In the third phase we conducted a pilot study for assessment its face validity and stability (test-retest design) utilizing 30 min head-out water immersions at 26°C in healthy females (n=4) and males (n=4) (age: 22.6 ± 8.0 years, body mass: 67.7 ± 9.5 kg, height: 169.0 ± 5.6 cm) with no thermal injury and medical history. Written informed consent was given by all subjects who abstained from strenuous exercise, smoking, alcohol, and caffeine consumption 24 hours prior trials, while confirming a minimum of 6 hours sleep the previous night. The research protocol had been approved by the Ethics and Bioethics Committee of the School of Physical

To confirm our hypothesis, we needed to develop an integrated thermal sensation scale

First Phase: Domain-Item Identification & Content Validation

Education and Sport Science of the National and Kapodistrian University of Athens

(No 1162/12-02-2020) and was re-approved by the General Assembly of the Medical

School of the National and Kapodistrian University of Athens (No 42100-4/5/2022).

Initially, we determined the purpose of our rational thermal scale following the instructions of Boateng (2018), whose role was to predict not only the water temperature but also psychophysiological values. Using data from our previous scoping review we recognized three main dimensions: (i) environment, (ii) physiological thermoregulation, (iii) and behavioral thermoregulation [2]. The environment was defined as the physical quantities of weather (water and air temperature, humidity) affecting human body. Physiological thermoregulation was defined as mechanistic responses from an external or internal thermal stimulus. Behavioral thermoregulation was defined as conscious perception of thermal sensation and thermal comfort. Further, we analyzed all the factors for each dimension and compiled a form for being examined the content validity by a group of specialized scientists in the field of thermophysiology.

Content validation was performed by the primary author (MN). The content validation procedure, in which 18 items arranged into three domains (four items in environment domain, nine items in physiology, and five items in behavioral thermoregulation domain), and a panel of six scientists pursuing research on thermoregulation accepted to evaluate on a 4-point scale the relevance of each item to the measured domains after receiving a detailed content validation form (see Appendix A). The ordinal point scale characterized by 1 = not relevant, 2 = somewhat relevant, 3 = quite relevant, and 4 = highly relevant. The content validity index computed for each item (I-CVI) and domain following the common practices [52]; setting the acceptable CVI value at 0.86. Also, overall scale validity index (S-CVI) was estimated prior and after modifications. After suggestions from two reviewer's we agreed to changes in the form and re-located an item from the physiological to behavioral domain. Ten items were excluded due to a very low I-CVI score varied from 0.16 to 0.67, as a result in improving at an excellent grade the S-CVI from 71% to 92%. Finally, only eight items satisfied the criteria (water temperature, duration immersion, core temperature, skin temperature, body heat storage, shivering, thermal sensation, and thermal comfort) (see Table 1).

213 Second Phase: Development of the integrated sensation scale based on ISO 10551.

According to the ISO 10551 standard we formulated a new thermal sensation scale based on the acceptable factors from content validation (see Fig. 2), with respect to theory about neural sensory capacity - in which humans estimate correctly a sense lesser to seven categorical levels - and with what is known about human thermoregulation and

thermal sensation in water for supporting the feasibility of an objective esthetic experience (Hensel, 1976; Hensel & Schafer, 1984; Luce & Krumhansl, 1988; Miller, 1956; Ntoumani et al., 2023). Throughout the bibliography, we recognized six basic labels for temperature sensation: icy, cold, cool, neutral (neither cold nor warm), warm, hot, which constituted the thermal glossary for our scale. The "icy", though it was not included in ASHRAE vocabulary, we added as an extreme antonym of the hot endpoint more suitable to represent extreme environmental stimuli [9,17,18,53–55]. Every anchor was superimposed with molecular (TRPs) and physiological responses (body heat, storage, core, and skin temperature) after 30 min of immersion. An acute 30 min immersion was selected mostly due to normothermic status at 26°C that allowed us to focus on the cornerstone role of skin thermoreceptors that theoretically contributed mostly to thermal sensation [14,56]. Regarding visualization of body heat storage, the thermal physiologist ER used the available raw data from Craig and Dvorak (1968) for a range of water temperatures for spotlighting its causal association with conscious responses [2].

Summarizing our data, we found a specific biological motif in the icy zone <12°C where the core and body temperature declined. Though, the lack of evidence of whole-body thermal sensation in extreme cold water temperatures suggests a deteriorated feeling shift away from the "cold". We represented icy as a lower temperature range than the cold anchoring. Also, in the icy zone, we observed the cold shock response accompanied by hyperventilation, increased heart rate and maximal oxygen consumption owing to reflex activation of the sympathetic nervous system by rapid changes of the skin thermal afferents. Besides, there was a high risk of cold injuries, such as frostbite, which was assessed by finger skin temperature ($T_{Fsk} < 7$ °C) and time-onset. Indeed, some unacclimatized naked subjects could not afford this noxious water temperatures even for 10 minutes [57-62]. Another highlighted observation, according to the thermal model of Mekjavic and Morrison (1985), was the complete inactivation of cold thermoreceptors below 12°C; indeed, TRPA1 expressed in C fibers stopped working at 12°C, while those expressed in Aδ fibers were still working at this concrete temperature range as appeared in Fig. 2 (Wang & Siemens, 2015; Zygmunt & Högestätt, 2014). Whole-body water immersion in the cold zone reduced rectal body temperature, but not necessarily esophageal temperature; while it evoked bradycardia, activation of the parasympathetic system and shivering thermogenesis, mainly due to the action of TRPM8 [59,65–68]. In the cool zone, only

shivering sensation appeared within the first 30 minutes, while no changes were observed to core temperature and other cardiovascular factors, such as oxygen consumption [57,59,67]. The function of TRPM8 in synergy with TRPC5 may be responsible for attenuated thermoregulatory response [38,39]. The neutral zone is a dynamic intermediate state not presenting shivering thermogenesis, sweating activity, and last but not least, changes in body temperature [57]. The human body has a very sophisticated construction and function for its survival mirroring, on a molecular level, in the complexity of neutral TRPs, as we spend the most of our time in indoor thermoneutral places. In the warm zone, sweating rate, total dry heat loss, metabolic alkalosis, core temperature, and heart rate were increased, possibly due to the action of TRPV4 and TRPM2's action [14,41,69–74]. Simultaneously, we set the hot zone mainly by the unbearable pain and discomfort caused by the warm TRPV1 ion channel and the inability to complete an acute whole-body water immersion [75–78]. According to epidemiological studies, hot baths (>43°C) was deemed deleterious due to the danger of thermal injuries (burns, skin necrosis) and drowning – especially for prolonged immersion [75,77,79].

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Third phase: Face Validation

A test-retest design was followed to examine the face validity of the integrated sensation scale, and its stability. Two repeated sessions, separated by at least one week, were compared in this study. Participants immersed in a constant water of 26°C at the shoulder level for 30 minutes. Each male participant wore a competitive swimsuit while females wore a two-piece swimsuit. Prior and after water immersion, volunteers rested in a sitting position for 5 minutes at an ambient indoor pool temperature of 25.4 ± 1.5 °C (Thomas Traceable Memory Digital Thermometer, VWR Scientific, USA) and $61.8 \pm$ 6.3 % relative humidity (Mi Temperature and Humidity Monitor 2, Xiomi, China) for baselines measurements. On each trial, core temperature (T_{core}: Thermoscan 5, Braun, Germany), skin temperature on the right side of four body locations: forehead, chest, hand, and thigh (T_{skin}: DS-273 1922L iButton, Maxim Integrated, USA) - that were taped with a transpore medical material (Tegaderm, 3M Health Care, USA) and calculated from the equation of Ramanathan (1964). Perception measurements were recorded every 5 min intervals prior, during, and after immersion. First, we evaluated firstly thermal sensation using our integrated scale (TS6), then assessed comfort judgment using the ASHRAE 4-point comfort scale (TC) (Gagge et al. 1967). The

leading question for thermal sensation was *How do you perceive water?* followed by the leading question for thermal comfort *How comfortable do you feel in water/ambient environment now?*

Data Analysis

Perception scales are ordinal (6-point and 4-point), therefore non-parametric statistics were selected. Shapiro–Wilk's and Levene's tests were used to check the normality and the homogeneity of all data prior to analyses. Wilcoxon matched-pairs ranked test was conducted for nonparametric data (thermal perception) every 5-min interval. For normal data, we applied one-way repeated ANOVA, or Welch ANOVA when equal variance assumption was not satisfied, at each time point for identifying any physiological alteration followed by a post-hoc Bonferroni analysis for ANOVA or Games-Howel analysis for Welch ANOVA, if needed. We set the significance level at p < 0.05. Face validity of the 6-point integrated scale was examined only by asking the participants how they felt in indoor pool. As no statistical analysis was supported for this kind of validity, we associated observed body and environmental temperatures, that were in line with the theoretical background of it.

Empirical Data

Environmental factors were equivalent between test-retest trials except from relative humidity (p < 0.01) that reduced the second time trial clapping from $65.4\pm7.5\%$ to $58.3\pm5.2\%$. Tympanic temperature (test F(7, 56) = 0.639 p > 0.722 vs retest F(7, 56) = 0.069 p > 0.784), heart rate (test F(7, 46) = 1.127 p > 0.563, vs retest F(7, 46) = 1.652 p > 0.121) and skin temperature (test F(7, 56) = 86.272 p < 0.001, vs retest [F(7,56) = 58.237, p < 0.001) sustained stable between repetitions during water immersion. There was a time-effect only on skin temperature and thermal perception, as these parameters significantly changed in pre- and post-immersion compared to water immersion duration (p < 0.05). For all physiological and perceptual values, there was no statistically significant difference between first and second set of trials (p > 0.05). The face validity of the integrated thermal sensation scale was excellent as proved by a homogenous cool and slightly uncomfortable feeling in water for all measurements without any alteration of core temperature as demonstrated in Fig. 3.

Consequences of the hypothesis and discussion

Our pilot study substantiates the hypothesis of the objective truth of thermal sensation, in which water temperature could approximate thermal perception and body heat stress and vice versa yielded to causal psychophysiological schema (Fig. 2). Our scale was developed according to well-established neurophysiological and cognitive mechanisms and divided into six temperature ranges: icy <12°C, cold 12-24°C, cool 24-29°C, neutral 29-38°C, warm 38-43°C and hot >43°C (Fig. 2). The fixed temperature ranges represented the water temperature that coincided with the skin temperature of the immersed body parts. The main findings of this experiment were the homogeneity of thermoregulatory responses during the 30-minute immersion at 26°C, which were aligned with the predictions of our behavioral thermoregulatory model. Of particular interest was the common verbal expression of the thermal perception by all subjects, selecting the basic descriptor "cool" for thermal sensation and "slightly uncomfortable" for thermal comfort.

As previously reported, skin temperature is the principal input for thermal sensation for a normothermic resting subject being consistent with our collective field data [9,14,18]. When the mean body T_{sk} is within a range of TRP ion channels as tuning with water temperature due to conduction heat exchange, a synergistic effect between epidermal TRPs take place for the formation of thermosensation in the central level according to combinatorial coding strategy [81,82]. The rate coding hypothesis, which analyzes neural activity as the frequency of cold and warm thermoreceptors' firing rates [83], was followed by Kingma et al. (2012) to advance a mathematical neurophysiological model for thermal sensation. Even this model was alleged for its accuracy for ±0.5-scale unit in the ASHRAE scale, a perusal of time-to-event data of thermal sensation votes disclose a greater discrepancy. This may be due to structural failure, as it did not account TRPs temperature sensors, equalized the coding strategy between mammals (e.g. cat) and higher species like man, and limited predicted range for ambient air temperatures above 12°C [9,56,82,83]. On the other side of specificity rate coding, we proposed the concept of population coding that allow the combinatorial co-activation of differential expression of skin TRPs that crosstalk with other somatic cells in central or periphery level to explain the psychophysiological pattern of temperature discrimination threshold [82,84]. That is, during water immersion at 26°C in our study, some cool sensitive ion channels were triggered primarily from skin thermal stimuli, enforcing even more this signal from the cool-mechanical afferents

provoking from muscle tremor during shivering thermogenesis, mostly observed in unacclimatized participants [2,84].

Particular attention is needed to devote to linguistic editing of thermal categories, chiefly to the escalation of the semantic nuance of the basic thermal adjectives [19,24,55]. Indeed, adjectival descriptors (much too, too, comfortably, slightly) that accompanied basic temperature terms (cool, neutral, warm) as for example in the ASHRAE and Glickman-Weiss scale may further strengthened the amorphous tendency of thermal sensation possibly resulting in a greater discrepancy and measurement uncertainty among conscious responses [56,11,19,24,55,12,34,8,50]. It is quite common voters to focus more on the central values than on the extremities upon a scale e.g., selecting more easily "slightly cool" and then the "cool" anchor, when rating near thermoneutral zone affecting by temperature, immersion duration and personal characteristics. The cool temperature stimuli were expressed verbally identical among all the subjects upon the 6-point thermal sensation scale, while in previous studies, in which thermal sensitivity was rated using other sensorial scales has shown a variety range from "cool" to "neutral" [2,12,34,56]. Furthermore, time response increases as more increases the number of points and may steer to erroneous makingdecisions and may threaten the validity of thermal sensation [2,27,85].

Hitherto, conscious temperature judgment was supposed purely subjective in water, ergo a poor indicator for body heat stress due to the absence or underestimation of a mathematical connection of thermal perception with biometeorological factors (e.g., ambient and body temperature) [4,83]. Indeed, methodological (e.g., water temperature, thermal sensation scale), statistical designs and correlational analysis either have violated some assumptions or have overridden holistic theoretical knowledge with a consequence to fail to capture the whole "true" empirical evidence for thermal sensation [1,3,4,56,63,83]. For example, Phik correlation coefficient, which never has been used in behavioral thermoregulation studies, is working well both with categorical (e.g., thermal sensation, comfort) and interval data (e.g., core and skin temperature) appearing as an either linear or non-linear relationship. This tool allows us to compare 'apple and oranges', but its calculation requires expensive software and complex calculations [86]. Overall, we cohered theoretical with empirical measurements about behavioral and physiological thermoregulation, as changes in sensory cognitive performance during passive thermal stress are significantly

associated with changes in thermophysiological variables of individuals (Kingma et al., 2020).

Limitations

The proposed integrated scale was superimposed exclusively with data during under water exposure. In the present pilot study, we had checked only for face validity; however, it is required a full validation of the scale using a greater variety of air and water temperatures, while measuring temperatures in body and environment with precise instruments than we had selected. Furthermore, a stronger design, to assess body heat storage would include indirect calorimetry to measure metabolic heat production. Additionally, Type I & II errors on Likert scales with no equivalent distances such as in thermal sensation scales, e.g., ASHRAE scale, were usually derived from misapplication of parametric statistics (t-test, ANOVA, Pearson correlation), anchoring points, instrument sensitivity, and a reduced power [8,26,34,50]. Therefore, these should have been taken altogether in serious consideration for a full validation of the integrated sensation scale.

Implications

Using a thermal perception scale that is capable of estimating thermal strain could help medical doctors and aquatic practitioners to prescribe aquatic exercise for concrete rate of water temperature ranges. For example, if a swimmer with multiple sclerosis or cardiac failure feels the water as "warm" from the beginning, this means that water temperature is above the thermoneutral spot and can worsen his clinical symptoms. Feeling the warmth sensation during exercise in cool water following our temperature classification could be translated into an increasement of body heat storage. Thermal sensation may act as an alarming precaution for coaches to modify the daily training (e.g., by reducing intensity and increasing rest) for a safe and beneficial aquatic session. Another application is in the lifeguarding domain, where a deterioration of coldness of the sea bather may indicate the probability of hypothermia, when meteorological conditions and immersion duration are already known. Montgomery's work is one of the most well-established thermophysiological model to predict somatic reactions (e.g., shivering, core and skin temperature) for head-in and head-out water activities applying mostly for military purposes [87]. However, our data may be useful for the advancement of such model's equations to evaluate additionally thermal sensation and

comfort. From an ecological perspective, there is an urgent need to develop such a simulated thermal perception tool to regulate thermal energy demands of pools for a healthy comfortable working environment bearing in mind its main usage (e.g., leisure activities, rehabilitation programs, sport), because its role determines the minimum operational water temperature, and energy savings. Cleary, the type of sensation scales (e.g., integrated 6-point, 7-point or 9-point extended ASHRAE) should be taken into account by thermal modelers, as it influences the estimations for desired ambient occasions [12,34]. Finding the optimal number of categories upon a scale for an easy and valid thermal sensation measurement requires further studies to be conducted in a variety of water temperatures, with greater sample size, also, measuring, if applicable, body heat storage and time response via eye-tracking technology.

Conclusion

Our main finding supports our initial hypothesis that thermal expression capable of predicting human thermoregulatory responses. In general terms, sensory phenomenon for temperature in terms of neural events, physiological and psychological responses is complex. What is new on our thermal sensation model is inclusion of the brand new concept about temperature threshold of TRPs for providing a theoretical framework on thermal perception, especially in the steady state. We critically analyze thermal votes within the context of environmental physiology, neurophysiology, and psychometry. These preliminary results suggest that the 6-point integrated sensation scale appeared a homogenous sense among participants during water immersion duration with an acceptable predictability for water and thermophysiological indices. A shift on the central thermal votes (e.g., from cool to neutral) may be sensitive enough for the detection of a thermoeffector alteration i.e., body heat storage during water immersion duration. Our study revealed that our model could characterize body thermal load though whole-body thermal sensation based on well-established thermoregulatory mechanisms during water immersion. Further research will be needed to validate the accuracy of our behavioral model in a variety of water temperatures and in larger sample size.

453	Funding Statement
454	Funding not received for the study.
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459	Ethical Approval
460	The research protocol had been approved by the Ethics and Bioethics Committee of the
461	School of Physical Education and Sport Science at the National and Kapodistrian
462	University of Athens (No 1162/12-02-2020).
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Table 1. I-CVI and S-CVI of the 6-point integrated scale. Identification of the thermoregulatory factors to assess heat stress

Identification of the thermoregulatory factors to assess heat stress							
Listed below are some factors for assessing thermal stress during							
whole-body water immersion							
- Please indicate the appropriateness of factors to measure thermal							
sensation (Domain 1 & 2) or thermal stress (Domain 3):							
	1	2	3	4			
	the item is	the item is	the item is	the item is	CVI		
	not relevant	somewhat	quite	highly			
		relevant	relevant	relevant			
1. Domain: Environment							
1	Water temperature				1.00		
2	Air temperature				0.71		
3	Humidity	Humidity					
4	4 Duration immersion						
2. Domain: Physiological Thermoregulation							
5	Core tempera	Core temperature					
6	Skin temperature				0.86		
7	Body Heat Storage				0.86		
8	Heart rate				0.29		
9	Ventilation	0.29					
10	Shivering				1.00		
11	Sweating	0.57					
12	12 Pain						
13	TRP's (transient receptor potential ion channels)						
14 Thermal Injuries					0.57		
3. Domain: Subjective - Behavioral Thermoregulation							
15	Thermal Neutral Zone						
16	Thermal Comfort Zone						
17	Thermal sensation				0.86		
18	Thermal comfort				0.86		
S-CVI					0.70		
S-CVI (after removal factors with I-CVI < 0.57)					0.92		

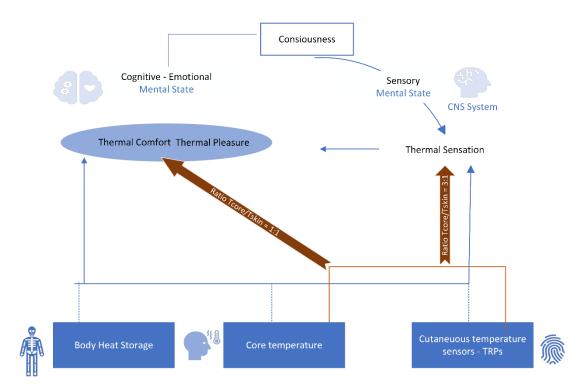


Figure 1. Thermoeffector relationship between physiological indices and conscious mental state

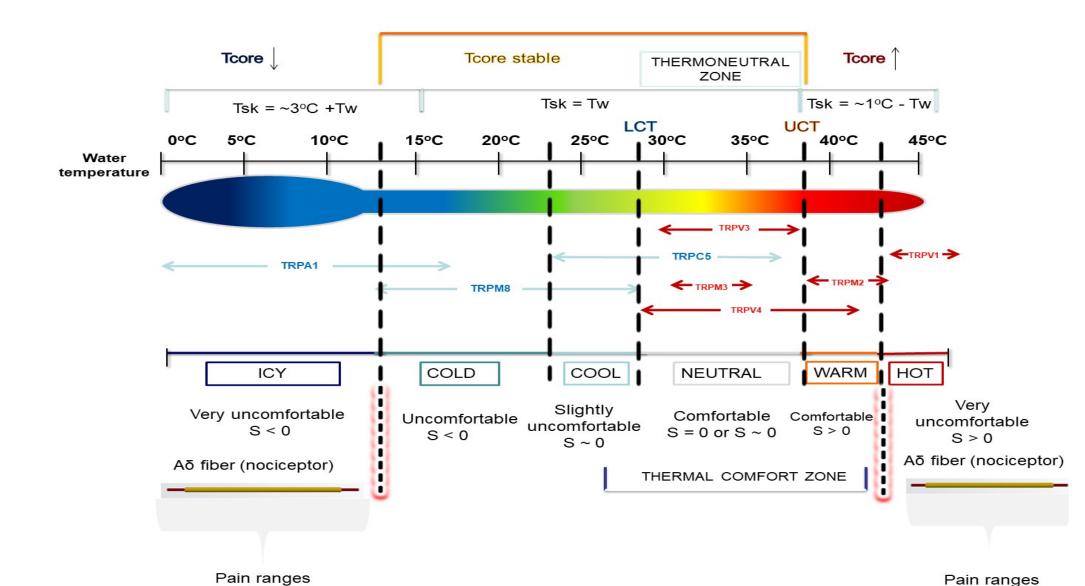


Fig. 2 depicts TRP ion channels activation matched with our 6-point thermal scale. Each selected temperature ranges has been chosen depending on how a subject expressed his own thermal sensation after a 30 min water immersion and with what is known about the activation of TRP ion channels. TRP, transient receptor potential channel; Tsk, skin temperature; Tcore, Core body temperature; S, heat storage; LCT, lower critical temperature; HCT, higher critical temperature (Ntoumani et al., 2022).

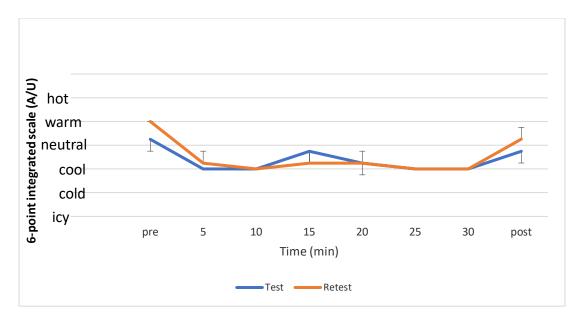


Figure 3. Time-course of thermal sensation votes based on the 6-point integrated sensation scale during the experiment; Mean \pm SE.